

# **2013**

## **OPEN ENROLLMENT BOOKLET**

**The Year 2013 RETIREE Open Enrollment Period Runs From  
OCTOBER 15, 2012 through NOVEMBER 2, 2012**



### **Retirees**

#### **Employees' Retirement System**

**789 North Water Street  
Suite 300  
Milwaukee, WI 53202  
(414) 286-3557  
[www.cmers.com](http://www.cmers.com)**

**NOTE: Separate Benefit Design Sections for  
Non-Medicare Retirees under 65 and  
Medicare Retirees**

**Your Medicare prescription plan name is changing to  
Express Scripts Medicare (PDP) for 2013**

# TABLE OF CONTENTS

Message from Employee Benefits Director-----	pg. 3
Retiree Open Enrollment: General Information -----	pg. 4
Open Enrollment Information Fairs -----	pg. 5
Plan Descriptions -----	pg. 6
Coordination of Benefits-----	pg. 7
Medco -----	pg. 8-9
Diabetic Benefits-----	pg. 10
Healthy Links -----	pg. 11
Special Notices -----	Pg. 12
RETIREE HEALTH PLAN COMPARISON TABLE -----	pg. 13-17
City of Milwaukee Medicare Retiree Only Tables -----	pg. 13-15
City of Milwaukee Non-Medicare Under 65 Retiree Tables -----	pg 16-17
COBRA Coverage -----	pg. 21-23
Women's Health Notice -----	pg. 24
How to Enroll -----	pg. 25
Important Telephone Numbers and Websites-----	pg. 26
Notes-----	pg. 27

## **DISCLAIMER:**

*Receiving this booklet does not necessarily imply you are eligible for City health coverage. Only persons eligible under labor contract provisions, Common Council resolutions, or COBRA may enroll. In making these various plans available, the City of Milwaukee is not endorsing the selection of a particular plan or the level of benefits or quality of care offered by a particular plan. It is the responsibility of the retiree to carefully review the plan and to make a decision based on this review. This material was prepared and sent with the cooperation of the City's health plans.*



## Department of Employee Relations

Dear City of Milwaukee Retirees:

There will be few health benefit changes for retirees beginning January 1, 2013. The booklet you are looking at has information for both Medicare retirees and retirees under 65 who do not have Medicare.

Medicare Retirees will have a 2.7% reduction in their premium equivalent, or monthly cost for health benefits through the City. Medicare Retirees will continue to have an option for the UHC Choice Plus Plan or the UHC Choice Plan. In addition the Milwaukee Retiree Association (MRA), and their partner National Benefit Consultants, Inc will send you information under separate cover, about two additional plans, including the \$0 premium plan. The City of Milwaukee does not administer the MRA plans and members leaving a City plan for a MRA plan need to notify ERS in writing. City Medicare retirees who leave a City plan to take one of the MRA plans can return to the City plan during the next open enrollment period.

**Medicare Retirees who do not want to change do not need to do anything.** If you want to change you will need to complete a health enrollment form. You may obtain a health enrollment form by either contacting the Employees' Retirement System at (414)286-3557 or toll free at (800)815-8418, or visit our website at [www.cmers.com](http://www.cmers.com).

Medicare Coordination Strategy: Medicare A and Medicare B have different deductible amounts. In the booklet there is one page that shows examples of the coordination of benefits strategy. The City plan considers any payments from Medicare as payments from the member for purposes of the City's deductible and co-insurance.

Medicare Retirees with non-Medicare covered services will have the same deductible, co-insurance and out of pocket maximum as retirees under 65, but only for services that are not covered by Medicare.

**Retirees under 65 who are not making a change do not need to do anything.** Retirees under 65 without Medicare will have a slight increase in their premium equivalent for 2013, 4%. Retirees under 65 will have the option of the UHC Choice or UHC Choice Plus plans, the same plans offered to active employees. See the summary of coverage page for more information about the benefits.

All retirees with both plans will have Medco/ExpressScripts as the prescription benefit manager and all retirees will have the \$5/\$25/\$50 co-pay for drugs. The drug co-pays are not part of the deductible, co-insurance or out of pocket maximum.

Retirees under 65 who have taken regular retirement under a labor contract will have their premiums determined by that labor contract. Management retirees who separated after January 1, 2009 and general city retirees who separated after January 1, 2012 will have a 2012 monthly payment or premium equivalent based on 12% of the total premium equivalent.

The staffs from ERS, UHC, Medco/Express Scripts and DER will be able to answer your questions during the open enrollment fairs, or through the phone numbers listed in the back of this booklet.

Sincerely,

Michael Brady  
Employee Benefits Director

# Retiree Open Enrollment

## General Information

**The Annual RETIREE Open Enrollment will take place from  
October 15, 2012 through November 2, 2012**

**This booklet includes information for all City of Milwaukee Retirees.**

- Some information is specific for **Medicare retirees**, some for **non-Medicare retirees**.
- Some information is specific for retirees enrolled in **UHC CHOICE PLUS** and some information is specific for retirees enrolled in **UHC CHOICE**.
- There is also information about the City's **Prescription Benefit Manager (PBM), Medco Express Scripts**. All plans and all members will have Medco Express Scripts and will have a three-tier \$5/\$25/\$50 co-pay for their drugs.

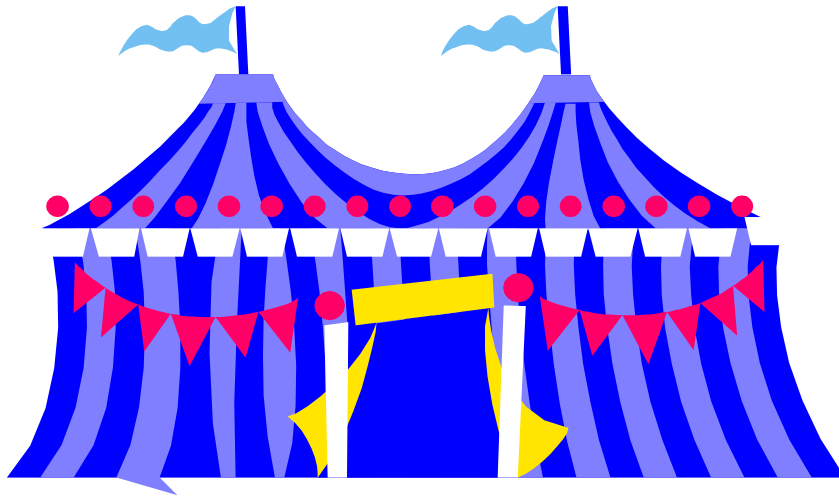
We hope the information is helpful to you in making critical decisions regarding your health plan choices as a City of Milwaukee retiree. This is your only opportunity during the calendar year to make a change to your health plan for 2013.

**In 2013 the City is providing the following health plans for Retirees:**

- *UnitedHealthcare (UHC) Choice Plus, a comprehensive PPO plan that allows you to use any provider.*
- *UnitedHealthcare (UHC) Choice, a comprehensive EPO plan with a national network of providers.*
- If you are not making a change you do not need to do anything.
- If you change your enrollment between UHC Choice and UHC Choice Plus you will need to complete a health enrollment form.
- If you leave the City plan and take one of the MRA plans you will need to notify the ERS staff in writing.
- All Medicare retirees will receive a new prescription drug card from Express Scripts Medicare PDP. **ERS does not sent out cards**
- Duty Disability Police (MPA) under age 65 should see the active employee booklet for information regarding their 2011 UHC Choice or 2011 UHC Choice Plus health plans.

Be sure to contact your health plan or doctor's office to make sure your doctors and preferred hospital are continuing with the plan you select for 2013. All retiree enrollment forms **must be in the ERS office on or before 4:30 pm Friday, November 2, 2012.**

# COME TO THE FAIR



## Open Enrollment Fairs

**The City will hold Six (6) Open Enrollment Fairs that are open to all City employees and retirees. All health plans will be at these fairs. The schedule is listed below.**

Wednesday, October 17 <sup>th</sup> - 2:00 p.m. to 6:00 p.m. ....	Wilson Park Senior Center 2601 West Howard Avenue
Thursday, October 18 <sup>th</sup> - 3:00 p.m. to 6:30 p.m. ....	Fire and Police Academy 6680 North Teutonia Avenue
Tuesday, October 23 <sup>rd</sup> – 3:00 p.m. to 6:00 p.m. ....	Washington Park Library 2121 North Sherman Blvd
Thursday, October 25 <sup>th</sup> – 9:00 a.m. to 1:00 p.m. ....	City Hall Rotunda 200 East Wells Street
Tuesday, October 30 <sup>th</sup> – 11:00 a.m. to 4:00 p.m. ....	DPW Field Headquarters 3850 North 35 <sup>th</sup> Street
Thursday, November 1st – 1:00 p.m. to 4:00 p.m. ....	Tippecanoe Library 3912 South Howell Avenue

*When this booklet was printed the City had not established Health/Dental terms for the year 2013 with all employee groups. As a result the employee and retiree contribution levels for active and newly retired may be affected.*

## **City of Milwaukee UnitedHealthcare CHOICE:**

The UHC Choice Plan is administered by UnitedHealthcare. Their phone number during open enrollment is 1-866-873-3903.



- UHC CHOICE provides uniform City benefits through **in-network** providers.
- UHC CHOICE has a national network that in 2013 has over 670,000 physicians and health care professionals and over 5,000 hospitals throughout the United States.
- A retiree outside of SE WI can enroll in UHC CHOICE in 2013 and use any UHC providers and hospitals outside of SE WI.
- Retirees enrolling in UHC CHOICE in 2013 **DO NOT** need to select a primary care physician (PCP).
- If your provider leaves UHC CHOICE before the end of the plan year, you must see a new provider offered by UHC CHOICE or pay the provider out-of-pocket. The City cannot guarantee that a provider will be with UHC Choice Plan for the entire year. Physician contracts are established throughout the year, so any physician may choose not to continue with the contract at the renewal date.
- All emergency services are covered as “in-network.”
- All preventive services, as defined by UHC, are covered at 100% without any deductible or co-insurance.

You will be able to go to any UnitedHealthcare network provider in the United States. Be sure to check that the doctor and hospital you want are in the UHC CHOICE network before you finalize your selection. You can do this by calling UnitedHealthcare at 1-866-873-3903, or by going to the internet at [www.UHC.com](http://www.UHC.com).

## **City of Milwaukee UnitedHealthcare CHOICE PLUS:**

The UHC Choice **PLUS** is administered by UnitedHealthcare. Their phone number during open enrollment is 1-886-873-3903.

- The UHC CHOICE **PLUS** Plan provides uniform City benefits through both **in-network** and out-of-network providers. There are higher deductibles and co-pays with the UHC Choice **PLUS** Plan.
- UHC CHOICE has a national network that in 2013 has over 670,000 physicians and health care professionals and over 5,000 hospitals throughout the United States.
- A retiree outside SE WI can enroll in the UHC CHOICE **PLUS** Plan in 2013 and select any provider, either in-network or out-of-network.
- Retirees in UHC CHOICE **PLUS** Plan do not need to select a primary care physician.
- If your provider leaves the UHC network before the end of the year, you can continue to see that provider, but will have to pay the higher deductibles and co-insurance.
- All emergency services are covered as “in-network.”
- All preventive services, as defined by UHC, are covered at 100% without any deductible or co-insurance.

## **Coordination of Benefits between Medicare and UHC for Medicare Retirees**

### **How coordination of benefits work, and what does this mean for me as a Medicare retiree?**

This means that on a single bill there may be portions paid by Medicare, portions paid by UHC, and portions paid by the member until the deductibles are reached. The example below uses the UHC Choice **PLUS** plan.

Medicare A (hospital portion) has an \$1100 annual deductible, then pays at 100%

Medicare B (major medical portion) has a \$140 annual deductible, then pays at 80%

The UHC Choice **Plus** plan has a \$750 deductible, a \$750 co-insurance at 10%, then pays at 100%

#### **Example #1**

The first bill you get is under Medicare A (hospital) and is for \$1400, here is what happens:

Medicare A pays \$0 on the first \$1100 of services.

UHC Choice **PLUS** pays \$0 on the first \$750 of services.

Member pays the first \$750 in cost.

There is \$650 balance.

Medicare A pays \$0 for the next \$350 (up to \$1100)

UHC Choice **PLUS** pays at 90% for the \$350 or \$315.

Member pays \$35.

There is a \$300 balance

Medicare A pays 100% of the \$300 since you have reached your \$1100 deductible

UHC Choice **PLUS** and member have no further payments for any Medicare A bills.

Total member payments if first bill is under Medicare A: of \$1400 bill: \$785

#### **Example #2**

The first bill you get is under Medicare B (major medical) and is for \$1400

Medicare B pays \$0 on the first \$140 of services.

UHC Choice **PLUS** pays \$0 on the first \$140 of service.

Member pays \$140.

There is a \$610 balance before the City UHC Choice **PLUS** \$750 deductible is reached.

Medicare B pays 80% of the \$610 or \$488

Member pays \$122

Both Medicare B deductible (\$140) and UHC Choice **PLUS** deductible (\$750) have been met.

Balance is \$650.

Medicare pays 80% of \$650 or \$520

UHC Choice **PLUS** pays 20% of \$650 or \$130

Member pays \$0

Total member payments of \$1400 bill: \$262



**All City of Milwaukee Medicare Retirees will have the new Express Scripts Medicare Prescription Drug Plan (PDP) in 2013. All Medicare Retirees will get a new card. All Pre-65 non-Medicare retirees will continue to use their Medco Drug card and the Medco Drug Plan. All members in the UHC Choice and UHC Choice PLUS plans, with or without Medicare, will have the same three tier \$5/\$25/\$50 co-pay for their drugs.**

## **FAQ – Pre-65 Retirees and Medicare Retirees**

### **Why Medco Express Scripts?**

#### **Medco Express Scripts services include:**

- A network of thousands of participating retail pharmacies
- Convenient mail-order pharmacies for medications you take on a regular basis
- Helpful and convenient Internet services ([www.medco.com](http://www.medco.com))
- Sophisticated medication safety checks
- Round-the-clock access to registered pharmacists
- Well-trained Member Services representatives.

Medco Express Scripts looks forward to putting its clinical experience and state-of-the-art technology to work for you.

### **How do I use my prescription drug ID card?**

Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Medco prescription drug ID card or your Express Scripts Medicare PDP card to the pharmacist. It displays your member ID number, which your pharmacist needs to process your prescriptions. To quickly find a retail pharmacy near you, use the Medco Express Scripts online pharmacy locator at [www.medco.com](http://www.medco.com) or call Member Services (see pg. 26).

### **How can I find out what medications are covered?**

Log on to [medco.com](http://medco.com)<sup>®</sup> or contact Member Services. First-time visitors to the site will need to register using a member ID and prescription number.

### **Can I use my current retail pharmacy?**

To find out whether a particular pharmacy participates in the network, visit [www.medco.com](http://www.medco.com) or call Medco Member Services.

### **What is the Medco Express Scripts Pharmacy?**

The Medco Express Scripts pharmacy is a mail-order pharmacy, one of the largest in the United States.

### **Why use the Medco Express Scripts Pharmacy?**

- Savings
  - You can receive a three-month supply for a two-month co-pay, when you use the Medco pharmacy (mail order). Medicare members can get the same three month supply for a two- month co-pay at some retail pharmacies.
  - Standard shipping is always free (save gas by not driving).
  - It helps keep your drug benefit affordable.
- Convenience
  - You can receive up to a 90-day supply, which saves on trips to the pharmacy.
- Safety
  - Each time you use your prescription drug benefit, the medication or medical supply that you purchase is added to Medco Express Scripts database. If you're prescribed a medication that could cause an adverse reaction with other medications you're already taking, a Medco Express Scripts pharmacist will alert your doctor to any problems and discuss safer, alternative therapies.

**What is the difference between a brand-name and generic medication?**

Brand-name medications are marketed under a trademark-protected name and are often available from only one manufacturer. Generic medications contain the same active ingredients as the original brand and must meet the same strict federal regulations as their brand-name counterparts for quality, strength, and purity. Generics typically cost less than brands.

**What is a formulary (also known as a preferred drug list)?**

A formulary is a list of commonly prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

**What can I do to lower my prescription drug expenses?**

Generic medications typically cost less than their brand-name counterparts. Talk to your doctor to find out whether there is a generic medication available and appropriate for you. Also, by using The Medco Express Scripts Pharmacy™, you can receive up to a 90-day supply of your long-term medications for a two-month mail-order co-payment.

**What if I have a question about a medication or want to speak with a pharmacist?**

Registered pharmacists are available 24 hours a day, 7 days a week, to answer questions about your medication. Just call Medco Express Scripts Member Services and the representative will be happy to have a pharmacist join your call.

**What information can I access on Medco Express Scripts website?**

You can take advantage of Medco's consumer-friendly website as a registered user. More than 4 million members have registered at **www.medco.com** to enjoy round-the-clock access to these services:

- Order mail-order refills (new prescriptions cannot be submitted on the Web).
- Check the status of your mail-order prescriptions.
- View your account summary and pay mail-order balances.
- Review plan highlights.
- Get information about preferred medications.
- Compare brand-name and generic drug prices.
- Sign up for timely refill reminders.
- Print mail-order forms, claim forms, and temporary ID cards.
- Locate participating retail pharmacies.
- Get health and wellness information.



Registering is simple and safe, and your information is secure and confidential

**Do I need a new “pre-authorization” (PA) beginning in 2013 with Medco?**

If the preauthorization in 2012 goes through 2013 you will not. If the pre-authorization ends in 2012 members will have to get a new pre-authorization for those drugs they are currently using that require a pre-authorization.

**Does the City drug plan have a deductible, co-insurance or out-of pocket maximum?**

No, there are no deductible or co-insurance nor do the deductible, co-insurance or out-of-pocket maximum with the health plans apply to the drug plan. There is a \$5/\$25/\$50 co-pay only.



pocket

# City of Milwaukee Diabetic Benefits for Retirees

## Diabetic Claims (Equipment and Supplies) Claims Adjudication Processes

### Non-Medicare Retirees

Item	Claim Adjudication
<b>Durable Medical Equipment (DME)</b> to include insulin pumps and the supplies used for insulin pumps and meters.	Processed through the medical benefit for both UHC Choice and UHC Choice PLUS plans (See #9 on the Summary Benefit Table).  Glucose meters and insulin pumps are covered at 90% co-insurance after satisfying deductible.
<b>Diabetic testing supplies to include test strips, lancets, syringes, etc.</b>	Processed through the pharmacy benefit (Medco/Express Scripts).  All members have a three tier drug plan, \$5/\$25/\$50 for diabetic testing supplies through Medco/ExpressScripts.

### Medicare Retirees

Item	Claim Adjudication
<b>Durable Medical Equipment (DME)</b> to include insulin pumps and the supplies used for insulin pumps and meters.	Processed through the medical benefit for both UHC Choice and UHC Choice PLUS plans (See #9 on the Summary Benefit Table).  Glucose meters and Insulin pumps are covered at 90% co-insurance after satisfying deductible.
<b>Diabetic testing supplies to include test strips, lancets, syringes, etc.</b>	Processed through the pharmacy benefit (Medco/Express Scripts).  All members have a three tier drug plan, \$5/\$25/\$50 for diabetic testing supplies through Medco/ExpressScripts.

## **Hospital and Physician Quality**

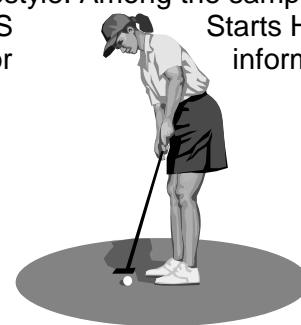
The City understands the value of hospitals providing a high quality of care. There are several measures available for review of hospital quality. All the Milwaukee area hospitals are participating in quality assurance programs called the Leapfrog program and the Wisconsin Hospital Association (WHA) Checkpoint plan and Pricepoint plan. For more information about:

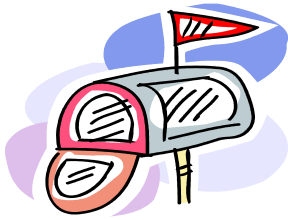
- The UHC Premium program helps you choose with confidence – just look for the stars. They identify physicians who meet quality and cost –efficiency guidelines for care. Visit [www.myuhc.com](http://www.myuhc.com) to search for doctors and hospitals that meet national medical standards for quality care.
- WHA checkpoint data visit [www.wicheckpoint.org](http://www.wicheckpoint.org) click on, Reports, and then to South East Wisconsin hospitals. All Milwaukee and Wisconsin hospitals are using the WHA checkpoint and pricepoint system.
- For additional quality information see Wisconsin Collaborative for Health Care Quality, [www.wchq.org](http://www.wchq.org).

## **Healthy Links:**

There are many helpful links on the internet that can help you maintain a healthy lifestyle. Among the sample of sites listed are sites from government, hospitals and insurance companies: A Healthier US Starts Here: [www.mymedicare.com](http://www.mymedicare.com) then go to “my Medicare” and “A Healthier US starts here” for information on prevention and wellness services available to all Medicare members.

- Wellness Walking Program [www.froedtert.com](http://www.froedtert.com)
- Heart Care [www.columbia-stmarys.org](http://www.columbia-stmarys.org)
- WI Governor’s Challenge [www.wisconsinchallenge.org](http://www.wisconsinchallenge.org)
- Physical activity to maintain good health [www.aurorahealthcare.org/services/business/getmoving/index.asp](http://www.aurorahealthcare.org/services/business/getmoving/index.asp)
- UnitedHealthcare (UHC) UHC CHOICE and UHC CHOICE PLUS site: [www.uhc.com/](http://www.uhc.com/) includes information about wellness services available to all UHC CHOICE and CHOICE PLUS members.
- Medco/ExpressScripts: [www.medco.com](http://www.medco.com)





## **NOTICES**

- **Notice for all Medicare Retirees, Medicare dependents or Medicare family members to select both Part A and Part B of Medicare:**

Retirees eligible for Medicare as a result of a disability and who are under 65 must select Medicare Part A & B. This is a requirement of all health plans offered by the City.

- **Notice for all Medicare Retirees, Medicare dependents or Medicare family members:**

All City enrollees with Medicare are automatically enrolled in the Express Scripts Medicare PDP.

- **No application should ever be mailed directly to the health plan.**

See complete instructions on the health enrollment form.

- **Notice to Retirees Regarding the Thirty-Day Rule:**

Retired employees are responsible for keeping their enrollment status current - notifying the Employee Retirement System **within 30 days** of births, adoptions, marriages, divorces, dependents ceasing to be dependents, former dependents that become eligible dependents

again, deaths and **Medicare coverage**. (Non-compliance with this Thirty-Day Rule may expose the City and/or you to additional costs.)

**There will be no exceptions to this rule.**

- **Notice to Retirees regarding the One-Family Plan Rule:**

- ❖ City retirees who are married to each other may only carry one health plan between them.

- ❖ You are required to report your marriage to another city retiree within 30 days of the date of your marriage.

- ❖ City of Milwaukee retirees is eligible to add their domestic partner to their health benefits.

- **Notice to Retirees with Other Health Coverage:**

- ❖ Retirees with other coverage through their own employment or their spouse's employment or retirement must choose one plan.

- ❖ There is no penalty for a City retiree who waives coverage and enrolls for coverage through a spouse or another health plan.

- ❖ When a retiree loses other coverage they can re-enroll with City retiree coverage.

## **Something to Remember**

We strongly recommend that you review the benefits and cost to you of the two plans offered. Call the plans directly for more information, or attend one of the information fairs listed on page 5. Remember, you can also get information from the Milwaukee Retiree Association (800-875-1505) for the two plans they provide through National Benefit Consultants, including the \$0 premium plan.

## SUMMARY OF HEALTH INSURANCE BENEFITS FOR: MEDICARE RETIREES ONLY

**NOTE:** Medicare Coordination Strategy: see page 7 for example. The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only use Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare Part A deductible will be \$1100 and Medicare Part B will be \$140 in 2013. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>1. Annual Deductible</b> Individual Deductible	\$500 per year (See NOTE at top of page)	\$750 per year (See NOTE at top of page)	\$1,500 per year (See NOTE at top of page)
<b>2. Co-Insurance</b> Each Member pays:	10% up to \$500 (See NOTE at top of page)	10% up to \$750 (See NOTE at top of page)	30% up to \$1,500 (See NOTE at top of page)
<b>3. Out-of-Pocket Maximum</b> Individual Out-of-Pocket Maximum	Up to \$1,000 per year (See NOTE at top of page)	Up to \$1,500 per year (See NOTE at top of page)	Up to \$3,000 (See NOTE at top of page)
<b>4. Benefit Plan coinsurance – Amount the Plan Pays</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>5. Lifetime Maximum</b>	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
<b>6. Ambulance Services – Emergency &amp; approved Non-Emergency</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>7. Autism Spectrum Disorder Services</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>8. Dental Accident/Oral Surgery</b> Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.14).*	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>9. Durable Medical Equipment</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>10. Emergency Health Services</b>	90% after Deductible met. \$150 copay after out-of-pocket maximum met.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	0% after Deductible met. \$150 copay after out-of-pocket maximum met.
<b>11. Hearing Aids – only for enrolled dependent children under age 18</b> Limited to one hearing aid per year, every 3 yrs	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>12. Home Health Care</b> Benefits are limited to 40 visits per calendar yr	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>13. Hospice</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>14. Hospital – Inpatient Stay</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met

## **SUMMARY OF HEALTH INSURANCE BENEFITS FOR: MEDICARE RETIREES ONLY**

**NOTE:** Medicare Coordination Strategy: see page 7 for example. The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only use Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare Part A deductible will be \$1100 and Medicare Part B will be \$140 in 2013. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

**This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.**

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>15. Lab, X-Ray &amp; Diagnostics - Outpatient</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>16. Mental Health Services</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>17. Nutritional Counseling</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>18. Physician Fees for Surgical &amp; Medical Services</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>19. Physician Office Services – Sickness and Injury.</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>20. Preventive Care Services</b> Includes Physician Office Visit, Lab, X-Ray or other preventive tests. Generally when a service is performed during your annual preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit.  For more information about preventive services that might be right for you, visit <a href="http://www.uhcpreventivecare.com">www.uhcpreventivecare.com</a> .	100% Deductible does not apply	100% Deductible does not apply	Not Covered
<b>21. Prosthetic Devices</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>22. Rehabilitation Services – Chiropractic Treatment</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>23. Rehabilitation Services – Outpatient Therapy</b> Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services.</b> 120 day maximum per inpatient stay.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met

## SUMMARY OF HEALTH INSURANCE BENEFITS FOR: MEDICARE RETIREES ONLY

**NOTE:** Medicare Coordination Strategy: see page 7 for example. The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only use Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare Part A deductible will be \$1100 and Medicare Part B will be \$140 in 2013. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>25. Substance Use Disorder</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>26. Temporomandibular Joint disorder Treatment (TMJ)</b>  Benefits are limited to \$1,250 per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>27. Transplant Services</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>28. Urgent Care</b>	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
<b>29. Vision Care</b>  One routine vision exam at a Network provider every 2 years.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	Not Covered.
<b>30. Prescription Drug Benefits administered by MEDCO</b>  Retail Pharmacy – 30 day supply  Mail Order – up to 90 day supply	\$5/\$25/\$50 copay	\$5/\$25/\$50 copay	Not Covered.
	\$10/\$50/\$100 copay	\$10/\$50/\$100 copay	Not Covered.
<b>31. Dependent Coverage</b>	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the recent federal health care reform, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status. There will be state imputed tax only, not federal imputed tax, if the adult child is not an IRS dependent.		

\* **UnitedHealthcare and Anthem Oral Surgery is limited to the following 13 oral surgical procedures (see #8 above):**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Surgical removal of bony impacted teeth;</li> <li>2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination;</li> <li>3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth;</li> <li>4. Apicoectomy;</li> <li>5. Excision of exostosis of jaws and hard palate;</li> <li>6. Treatment of fractures of facial bones;</li> </ol> | <ol style="list-style-type: none"> <li>7. External incisions and drainage of cellulitis;</li> <li>8. Incision of accessory sinuses, salivary glands or ducts;</li> <li>9. Gingivectomy;</li> <li>10. Alveolectomy;</li> <li>11. Frenectomy;</li> <li>12. Removal of retained root;</li> <li>13. Gingival and Apical curettage.</li> </ol> |
|---|---|

**SUMMARY OF HEALTH INSURANCE BENEFITS FOR:  
NON-MEDICARE UNDER 65 RETIREES ONLY**

**NOTE:** This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>1. Annual Deductible</b> Individual Deductible Family Deductible	\$500 per year \$1,000 per year	\$750 per year \$1,500 per year	\$1,500 per year \$3,000 per year
<b>2. Co-Insurance</b> Each Member pays:	10% up to \$500	10% up to \$750	30% up to \$1500
<b>3. Out-of-Pocket Maximum</b> Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	\$1,000 per year \$2,000 per year	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year
<b>4. Benefit Plan coinsurance – Amount the Plan Pays</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>5. Lifetime Maximum</b>	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
<b>6. Ambulance Services – Emergency &amp; approved Non-Emergency</b>	90% after Deductible met	90% after Deductible met	90% after Deductible met
<b>7. Autism Spectrum Disorder Services</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>8. Dental Accident/Oral Surgery</b> Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.14).*	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>9. Durable Medical Equipment</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met.
<b>10. Emergency Health Services</b>	90% after Deductible met \$150 per service after out of pocket maximum reached	90% after Deductible met \$150 per service after out of pocket maximum reached	70% after Deductible met \$150 per service after out of pocket maximum reached
<b>11. Hearing Aids</b> Benefits are limited to enrolled dependent children under 18, limited to one hearing aid per year, every 3 years	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>12. Home Health Care</b> Benefits are limited to 40 visits per calendar year.	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>13. Hospice</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>14. Hospital – Inpatient Stay</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>15. Lab, X-Ray &amp; Diagnostics - Outpatient</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>16. Mental Health Services</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>17. Nutritional Counseling</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>18. Physician Fees for Surgical &amp; Medical Services</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>19. Physician Office Services – Sickness and Injury.</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met

**SUMMARY OF HEALTH INSURANCE BENEFITS FOR:  
NON-MEDICARE UNDER 65 RETIREES ONLY**

**NOTE:** This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>20. Preventive Care Services</b> Includes Physician Office Visit, Lab, X-Ray or other preventive tests. Generally when a service is performed during your annual preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit.  For more information about preventive services that might be right for you, visit <a href="http://www.uhcpreventivecare.com">www.uhcpreventivecare.com</a> .	100% Deductible does not apply	100% Deductible does not apply	Not Covered
<b>21. Prosthetic Devices</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>22. Rehabilitation Services – Chiropractic Treatment</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>23. Rehabilitation Services – Outpatient Therapy</b>  Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit max per year for each necessary therapy.	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services.</b> 120 day maximum per inpatient stay.	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>25. Substance Use Disorder</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>26. Temporomandibular Joint disorder Treatment (TMJ)</b>  Benefits are limited to \$1,250 per year for diagnostic procedures and non-surgical treatment	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>27. Transplant Services</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>28. Urgent Care</b>	90% after Deductible met	90% after Deductible met	70% after Deductible met
<b>29. Vision Care</b>  One routine vision exam at a Network provider every 2 years.	90% after Deductible met	90% after Deductible met	Not Covered.
<b>30. Prescription Drug Benefits administered by MEDCO</b>  Retail Pharmacy – 30 day supply Mail Order – up to 90 day supply	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	Not Covered. Not Covered.
<b>31. Dependent Coverage</b>	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the recent federal health care reform, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status. There will be state imputed tax only, not federal imputed tax, if the adult child is not an IRS dependent.		

# What can I do at **myuhc.com**<sup>®</sup>?

Find a doctor.  
Track my blood pressure.  
Find a great hospital.  
Track my weight.  
Look up my claims.  
Improve my health.  
Chat with a nurse.  
Simplify my life.  
Learn about diabetes.  
Save money on services.  
Stay focused on being healthy.  
Replace my health plan ID card.  
Record my health history.  
Keep track of my family's medical history.  
Estimate costs ahead of time.  
Embrace wellness.  
See my benefits.  
Keep track of my shots.  
**And much, much more.**

It all adds up to  
**peace of mind.**

## Organize my claims

- See the status of my current claims
- Check my past claims history
- View my monthly statements
- See my whole family in one view
- Print copies for my records

## Find a doctor

- Search for a doctor or hospital in my area
- See which doctors meet stringent quality standards
- Evaluate hospitals on cost, quality and patient safety
- Find a mental health professional
- Get driving directions and print a map
- Find a doctor who treats a lot of people like me

## Get more from your health benefits with **myuhc.com**

## Get the facts

- Learn more about my coverage
- Check my current eligibility
- Look up my deductible or out-of-pocket limit

## Manage my health

- Take a complimentary online Health Assessment, and get recommendations for change
- Read up-to-date, healthy lifestyle advice
- Use tools, quizzes, and calculators on a variety of topics from aging well to world travel

## UnitedHealthcare Health4Me<sup>SM</sup> mobile app

- Access your family's health information anytime, anywhere.
- Features include easy access to registered nurses, personal health benefits information, and the ability to locate nearby physicians and hospitals.

(Currently available for iPhone® and Android™ operating systems.)

## Get help with decisions

- Learn more about health conditions or procedures
- Connect with a nurse through live, one-to-one online Nurse Chats
- Read up on common symptoms and what they might mean
- Explore various treatment options



### It's easy to register.

1. Visit **www.myuhc.com**
2. Select **REGISTER NOW**
3. Type in the requested information
4. Get started



## EXPRESS SCRIPTS AND MEDCO ARE NOW ONE COMPANY

In an effort to provide you and your plan with even greater savings, care, and convenience, Express Scripts and Medco have come together as one company to manage your prescription benefit.

The combined company is in the process of changing the name on all its communications to Express Scripts. Until the renaming process is complete, you'll sometimes see the Medco name in pharmacy communications and on the Web.

To continue providing you with the high-quality service you expect, we're proceeding carefully as we bring our two companies together. Please continue to refill your prescriptions as you normally would by using your current prescription drug ID card, refill order forms, our website, or the toll-free member services telephone number on your ID card.

The new Express Scripts is committed to helping millions of Americans like you have access to affordable medications and the services you need to stay healthy.

**Express Scripts manages your prescription benefit for your employer.  
Medco is now a part of the Express Scripts family of pharmacies.**



# Important Information About Your COBRA continuation coverage Rights

## What is continuation coverage?

Federal law requires that group health plans (including the City of Milwaukee Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan

gives to other participants or beneficiaries under the Plan who is not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including: open enrollment and special enrollment rights. Specific information describing continuation coverage can be obtained from the Employees’ Retirement System, 789 North Water St., Suite 300, Milwaukee, WI 53202, 414-286-3557.

## How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on

time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

## How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Milwaukee Employee Benefits of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

### Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the City of Milwaukee Employee Benefits of that fact within 60 days of the SSA’s determination and before the end of the first 18 months of continuation coverage. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the City of Milwaukee Employee Benefits of that fact within 30 days of SSA’s determination.

### Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s enrolling in Medicare, or a dependent child’s ceasing to be eligible for coverage as a dependent under the Plan. You must notify the City of Milwaukee Employee Benefits within 60 days after a second qualifying event occurs.

## How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law.

1. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap.
2. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you.

3. Finally, you should take into account that you have special enrollment rights under federal law.
  - a. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above.
  - b. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

## How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries listed on page one of this notice is described on page one.

## When and how must payment for continuation coverage be made?

1. First payment for continuation coverage  
If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the City of Milwaukee Employee Benefits to confirm the correct amount of your first payment.

Your first continuation coverage payment should be sent to:  
Employees' Retirement System  
789 North Water Street, Suite 300  
Milwaukee, WI 53202

2. Periodic payments for continuation coverage  
After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Periodic continuation coverage payments should be sent to:  
Employees' Retirement System  
789 North Water Street, Suite 300  
Milwaukee, WI 53202

### 3. Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days *[or enter longer period permitted by Plan]* to make

each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

### For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting

group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.



# **Special Notice to All Retirees and their Families**

## **Women's Health and Cancer Right Act Notice Special Rights Following Mastectomy**

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of mastectomy.

The City of Milwaukee health plans comply with these requirements. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. The City of Milwaukee health plans do not impose penalties (for example, reducing or limiting reimbursements) and do not provide incentives to induce attending providers to provide care inconsistent with these requirements.

Questions, call the Employees' Retirement System at (414) 286-3557.



# HOW TO ENROLL

## **ENROLLMENT FORMS**

- 1) If you are making a change and need a health enrollment application, they will be available at the following locations:
  - a) Health Carriers;
  - b) Open Enrollment Fairs;
  - c) Internet – [www.milwaukee.gov/der](http://www.milwaukee.gov/der); [www.cmers.com](http://www.cmers.com)
  - d) ERS Office, 789 North Water Street
  - e) City Hall, Room 706.
- 2) If you add or delete a dependent(s):
  - a) Complete a Health Enrollment Form,
  - b) Write the name of the dependent in SECTION B of the Health Enrollment Form.
  - c) Place a check (☒) in the appropriate box in SECTION C on the Health Enrollment Form.
- 3) **If you do not want health coverage, or wish to waive coverage contact the Health Insurance Specialist at ERS for an appropriate waiver form or send a letter to the pension office with an effective date.** Note there is no penalty for a retiree who waives coverage and takes coverage through a spouse's health plan, other employment or a Medicare complete plan. If you waive coverage you cannot re-enroll until the next open enrollment, unless there is a qualifying event. Retirees must maintain coverage if they wish to re-enroll in a City plan at some future date.
- 4) **Notice for all Medicare Retirees, Medicare dependents or Medicare family members to select both Part A and Part B of Medicare:** Retirees eligible for Medicare as a result of a disability and who are under 65 must select Medicare Part A & B. This is a requirement of all health plans.

### **If you are making a Health Plan Change for the Year 2013**

- 1 . Write **"RETIREE"** in the **JOB TITLE** box of all enrollment forms.
- 2 . A COBRA enrollee will write "COBRA" in the JOB TITLE box.
- 3 . DO NOT write anything in the CITY START DATE and RETURN TO WORK DATE boxes.

### **If you are eligible for both parts of Medicare (Part A and Part B)**

1. Please be certain to attach a photocopy of your Medicare I.D. card, and for your spouse if applicable, to your enrollment form.
2. Since coverage under Medicare usually reduces your monthly health insurance premium, it is important you make certain that we know of your Medicare coverage and that we are charging you the correct monthly health insurance premium.

**All "RETIREE" applications should be returned to the office at the address below no later than 4:30 p.m. Friday, November 2, 2012:**

**City of Milwaukee  
Employees' Retirement System  
Suite 300  
789 North Water Street  
Milwaukee, WI 53202**



# *Important Telephone Numbers & Websites*

## **TELEPHONE NUMBERS**

Employees' Retirement System

## **LOCAL**

414-286-3557

## **800#**

1-800-815-8418

## **Health Plan Telephone Numbers and Websites**

UHC Choice

1-800-841-4901

[www.myuhc.com](http://www.myuhc.com)

UHC Choice PLUS

1-800-841-4901

[www.myuhc.com](http://www.myuhc.com)

UnitedHealthcare Care24

1-800-942-4746

Express Scripts PDP (for Medicare retirees)

1-866-544-6963

[www.medco.com](http://www.medco.com)

Medco (for non-Medicare pre 65 retirees)

1-866-544-8642

[www.medco.com](http://www.medco.com)

Medicare

1-800-633-4227

[www.medicare.gov](http://www.medicare.gov)

National Benefit Consultants (MRA)

1-800-875-1505

[www.nbcibiz](http://www.nbcibiz)

If you have any questions regarding your benefits, or regarding unpaid bills, or problems with service, please call your health plan. **DO NOT** call the ERS office until you have contacted your health plan and are unable to arrive at a resolution. ERS will attempt to assist you to resolve your problem, but in no case will ERS attempt to change, question or provide a medical opinion. Remember to document all your conversations with dates, times and names. We will ask you for this information when you call our office.

# Notes